

<b>Case Number:</b>	CM14-0045848		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60 year old female who reported neck and shoulder pain from injury sustained on 03/14/13 due to a motor vehicle accident. Patient is diagnosed with cervical radiculopathy; neck strain and bilateral shoulder pain. Patient has been treated with medication, therapy and acupuncture. The patient was seen for a total of 12 acupuncture visits. Per acupuncture progress notes dated 02/24/14, patient states that her neck pain feels 100% improved. In regards to the shoulder, she feels about 10% improvement overall. Neck pain has decreased from 5/10 to 0/10. She is sleeping much better. She is able to cut and chop food easier as well as driving. She notes that she has improved range of motion in all her activities of daily living. She has been able to carry heavy items as well. Per medical notes dated 05/17/14, patient reports continued improvement. She has improved 90% with 19 acupuncture sessions (12 approved by workers comp) She reports the numbness and tingling have completely subsided in the upper extremity. She has minimal pain in the neck, but she has continued mild-moderate pain to the left shoulder. Pain is rated at 4/10. Per medical notes patient had objective functional improvement. Primary physician requested additional 12 visits which exceed the quantity supported by guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture x 12 sessions for the neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Neck pain)>, <Insert Topic (acute and chronic))>.

**Decision rationale:** Per the Official Disability Guidelines - initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had 12 acupuncture treatments. Medical records document objective functional improvement with prior care; however, primary provider is requesting additional 12 acupuncture visits which exceed the quantity of visits supported by guidelines. Per guidelines 3-6 treatments are supported for course of Acupuncture care. Additional visits may be rendered if the patient has documented objective functional improvement. The California MTUS- Definition for functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.